P13000030620

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SECRETARY OF STATE OF CORPORATIONS

0123214

COVER LETTER

TO: Amendment Section

Division of Corporations		
NAME OF CORPORATION: Commerce	re Solutions Inc.	
DOCUMENT NUMBER: P130000 36	0620	
The enclosed Articles of Amendment and fee are su	ibmitted for filing.	
Please return all correspondence concerning this ma		
Samue	Name of Contact Person Se Solutions Inc. Firm/Company	
	Name of Contact Person	
Commerce	e Solutions Inc.	
	Firm/ Company	
2360 U	Firm/ Company Nest 68 St. # 126 Address	
	Address	
Haleal	City/ State and Zip Code	
	City/ State and Zip Code	
	pay lay Soution. Met and for future annual report notification)	
For further information concerning this matter, pleas	se call:	
Samuel Concel	at (305) 824-9067 Area Code & Daytime Telephone Number	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made	payable to the Florida Department of State:	
\$35 Filing Fee \$\square \$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address	Street Address	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations Clifton Building	
P.O. Box 6327 Tallahassee, FL 32314	- 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



Commerce Solutions Inc.

14 DEC 16 AM 8: 10

Comme	oce solutions. Inc.	14 DEC 10
(Name of Corporation as	currently filed with the Florida Dept.	of State)
ρ_{i}	130000 30620	
(Document	t Number of Corporation (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this Florida Profit	Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:	
		The new
name must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional associati	ation "Corp," "Inc," or "Co". A profe	," or "incorporated" or the abbreviation ssional corporation name must contain the
B. Enter new principal office address, it (Principal office address MUST BE A ST		
C. Enter new mailing address, if applic		
(Mailing address <u>MAY BE A POST O</u>	FFICE BOX)	
D. If amending the registered agent and new registered agent and/or the new	manda a manda a Referencia de la consecución del consecución de la	
Name of New Registered Agent	Samuel Cancel 2360 West 68 Str (Florida street address) HiabeaG (City)	<u></u>
-	2360 West 68 Str (Florida street address)	eeT # 126
New Registered Office Address:	Hiabeal	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if cha	anging Registered Agent:	
I hereby accept the appointment as register	red agent I am familiar with and accept	the obligations of the position.
Sign	nature of New Registered Agent, if changi	ng

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X.Change	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	Name	Address
Change Add Remove	<u> P</u>	Samuel Claucel	2360 West 68 9 £126 Hialadi, Fl. 33016
2) Change	P	Delia V. Cancel	7360 West 68 St \$120 Hialeal, Fl. 33016
Remove 3) Change Add			
Add Remove Remove			
5) Change Add Remove	·		
6) Change Add Remove			
Kemove			

Attach additional sheets, if necessary).	(Be specific)			
		N/A		
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				· · · · · · · · ·
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f an amendment provides for an excha	nge, reclassificat	on, or cancellation	of issued share	es,
provisions for implementing the amen	dment if not cont	ined in the amend	ment itself:	
(if not applicable, indicate N/A)		(
		VA		
		/		

The date of each amendment(s) adoption:	12/15/2014	14 DEC 16 AM 8: 10	if other than the
date this document was signed.		OEC 16 AM 8: 14	, ii onter man are
Effective date if applicable:	12/15/2014		
(no more than 90 days after at	nendment file date)	
Adoption of Amendment(s) (CHEC	CK ONE)		
The amendment(s) was/were adopted by the shaby the shareholders was/were sufficient for app		tes cast for the amendment(s)	
The amendment(s) was/were approved by the sl must be separately provided for each voting gr			
"The number of votes cast for the amenda	nent(s) was/were sufficient for	approval	
by			
by(voting	g group)		
The amendment(s) was/were adopted by the boa action was not required. The amendment(s) was/were adopted by the inc			
action was not required.		•	
Dated /2//2	5/2014		_
(By a director, preside	nt of other officer - if director		
selected, by an incorporate appointed fiduciary by	orator – if in the hands of a re that fiduciary)	ceiver, trustee, or other court	
•	Samuel Cance	P	
	(Typed or printed name of	person signing)	_
•	President		
	(Title of person si	gning)	_